



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064 1-0000170

Bud McCorkle

No 001728

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 4-6-90
Permit Void 90 days from Date of Issuance
Owner Name Hal Reynolds/Strigate Homes
Property Address 299 East St. 100 INMAN DR.
Lot # 100 Inman Est. P.O. Box _____
Town Ingalls, IN Zip Code 46048
Phone _____ Water Meter Ingalls water
\$ 500.00 Tap on Fee Paid
\$ 25.00 Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential X, Commercial _____, Industrial _____, or Governmental/Institutional _____.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

Signature of Hal Reynolds
APPLICANT(S) SIGNATURE

INSPECTOR Tim
Date inspected 4-5-90 Approved [check] Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe PVC SD35
Basement Yes No [check]
Sump Pump Yes No [check]
Downspout to Ground Yes No [check]
Septic Tank Pumped & filled Yes No [check]
Contractor TOM DAVIS
Special Conditions _____

